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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/765,964

Filing Date 01/19/2001

First Named Inventor Salim

Group Art Unit unknown

Examiner Name unknown

Attorney Docket Number 19382.004

Total Number of Pages in This Submission 13

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ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☒ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☒ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) (please identify below):

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Eugene G. Kim, Reg. 46,267

Signature

Eugene Kim

Date

6/29/01

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Laura S. Mellblom

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FEE TRANSMITTAL for FY 2001		Complete if Known	
		Application Number	09/765,964
Patent fees are subject to annual revision. JUL 0 9 2001 PATENT & TRADEMARK OFFICE		Filing Date	01/19/2001
		First Named Inventor	Salim
		Examiner Name	unknown
		Group / Art Unit	unknown
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	19382.004

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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 03-1725</p> <p>Deposit Account Name: Chrisman Bynum & Johnson, P. C.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. ADDITIONAL FEES</p> <table border="1"><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr><tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr><tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr><tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr><tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr><tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr></tbody></table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid</p>		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	390	216	195		117	890	217	445		118	1,390	218	695		128	1,890	228	945		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,240	241	620		142	1,240	242	620		143	440	243	220		144	600	244	300		122	130	122	130		123	130	123	130		126	180	126	180		581	40	581	40		146	710	246	355		149	710	249	355		179	710	279	355		169	900	169	900	
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Eugene G. Kim	Registration No. Attorney/Agent	46,267
Signature	<i>Eugene G. Kim</i>	Telephone	(303) 546-1300
		Date	7/2/01

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